Attorney Docket No. 0994-0249PUS1

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE POLLOWING

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	OIL RECONVERSION DEVICE FOR WASTE PLASTICS						
	the specification of which docket number as set forth	is attached hereto. If no above and/or the follow	ot attached hereto,	the application is ide	entified by the a	ittorney	
Fill in Appropriate Information -				Application Number		;	
PROPRIATION -	and amended on	(if applie	able) and/or	***			
For Use Without	the specification was filed or	n 01/12/2005 as	PCI International	Application Number	PCT/IP2005/00	30618 ;	
Specification Attached: Insert Priority Information (if appropriate)	and was amended on I hereby state that I had claims, as amended by any as I acknowledge the during the second of t	re reviewed and underst mendment referred to above to disclose information to believe the same was tented or described in at prior to this application at prior to this application ar prior to this application or prior to the date of this e or my legal representa that no application for p d States of America priority benefits under Tifficate listed below and filling date before that of n(s) [Apan (Country)	if applicable) and the contents of inver- which is material ever known or usery printed publicati that the same was on, that the inventio application in any e- tive or assigns mon- atent or inventor's or to this application the 35, United States have also identified the application on v	the above-identified spate to patentability as defid in the United States on in any country before the patents of the beautiful the patents of the least twelve months ertificate on this invent by me or my legal recode, \$119(a)-(d) of a labelow any foreign a which priority is claimed language 15, 2004 onth/Day/Year Filed onth/Pay/Year Filed onth	occification, includined in Title 37, in of America before one my or our in the limited or made the submited States of 4 (six months for clion has been filled presentatives or any foreign application for pediction for pedictio	ding the Code of my or vention distates abject of America designs) d in any assigns, action(s) atent or imed	
	(Number) (Number) (Number) § hereby claim the benefit us listed below.	(Country)	(A)	omsh/Day/Year Filed omsh/Day/Year Filed omsh/Day/Year Filed	() Yes () Yes () Yes	No N	
Insert Provisional	isted bearto.						
Application(s): (if any)	(Application Number)		(Filing Date	e)	***************************************	•••••	
	(Application Number) (Filing Date) All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application.						
insert Requested Information (if appropriate)			lication Number		g (Month/Day/		
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentiability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filling date of the prior application and the national or PCT international filling date of this application.						
H any)	(Application Number)	(Filing U	Pate)	(Status - patented,	pending, aband	oned)	
	(Application Number)	(Filing U	Jate)	(Status - patented,	pending, abande	oned)	
Rev. 05/2(634) Birch Stewart Kola	ssch & Birmb I LEP	Page 1 of 2			erai.	S/clb	

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292; (BIRCH, STEWART, KOLASCH & BIRCH, LLP) Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Foli Name of Nigot or Sole Towenium Insert Name of Inventor Insert Date This	GIVEN NAME/FAMILY NAME Takeki YOSHIMURA	inventorssignature Goshismu To	Selv Stringer				
Discount in Signed Intert Residence	Residence (City, State & Country)		CHERMOSER				
	Nagano-shi, Japan	5.4	Japan				
tesset Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country) 91-10, Matushiro, Matushiromachi; Nagano-shi Nagano; 381-1231; JAPAN						
hall Name of Recenact Impostor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
	Residence (City, State & Country)	CITIZENSHIP					
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Foll Name of Third Lawrence, if way, see shove	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
	Residence (City, State & Country)	CITIZENSHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Fourth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
	Residence (City, State & Country)	CITIZENSHIP					
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Full Neone of Fefth Someone, if ange see abovie	CIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
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full Micros of Staths . Sale visitor, if copy since Absence	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
	Residence (City, State & Country)	CITIZENSHIP					
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*DATE OF SIGNATURE

Birch, Stewart, Kolasch & Birch, LLP

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